

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00121

FILED
Apr 29, 2009
Secretary of State

Entity Name: SEASCAPE PHASE 6-B, INC.

Current Principal Place of Business:

910 AIRPORT RD
STE A-5
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1666
DESTIN, FL 32540 US

New Mailing Address:

FEI Number: 59-2541366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, WAVERLY
910 AIRPORT ROAD STE A-5
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: CESTONI, MELODY
Address: 4699 LOCK RIDGE CT
City-St-Zip: KENNESAW, GA 31052

Title: SVP () Delete
Name: LOWI, DAVID
Address: 909 CROWNPOINT AVE
City-St-Zip: GADSDEN, AL 35901

Title: PD () Delete
Name: WILKINSON, WAYNE
Address: 657 PADEN DRIVE
City-St-Zip: BIRMINGHAM, AL 35226

Title: D () Delete
Name: MOSS, FRED
Address: 2713 COUNTRYWOOD WAY
City-St-Zip: BIRMINGHAM, AL 35243

Title: D () Delete
Name: PATTERSON, ANGIE
Address: 403 WESTMINISTER DR
City-St-Zip: RAINBOW CITY, AL 35906

Title: D () Delete
Name: JADEN, SANDY
Address: 516 PORTAGE DRIVE
City-St-Zip: BISMARCK, ND 58503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE WILKERSON

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date